MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. *10/573,087*

FILING DATE

APPLICANT(S)

CLAIMS

#	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
1	1		1			
2		1		1		
3		1		1		
4		3				
5		3		1		
6		0		1		
7		0		1		
8		0				1
9		0		1		
10		1		1		
11		1		1		
12		0		1		
13		0		1		
14		0		1		
15		0		1		
16	1		1			
17		1	1			
18		1				1
19	1		1			
20		0				1
21		0				
22		0				
23		0				
24		0				
25		0				
26	1		1			
27		1				1
28		2		1		
29		1				1
30		0		1		
31		0				
32		0				
33	1		1			
34		0				1
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TOTAL IND.	6		6			
TOTAL DEP.	34		29			
TOTAL CLAIMS	40		35			

#	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						